



STRESS, ANXIETY, WORK-RELATED BURNOUT AMONG PRIMARY HEALTH CARE WORKER: A COMMUNITY-BASED CROSS-SECTIONAL STUDY.

Community Medicine

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ABSTRACT

The majority of national policies are successfully implemented at the local level because of primary health care providers. Workplace stress is a change in one's emotional or physical status as a result of their job. They are more likely to experience work-related anxiety and burnout. The present study was undertaken to assess the occurrence of psychological distress, anxiety, and burnout among primary Healthcare workers. Methodology- It is a community-based cross-sectional study that was conducted over the period of 6 months from September 2022 to February 2023 at various Primary Health centres of Mundra taluka, Gujarat. Results- 154 participants were recruited. Out of 154 study participants, 55.84% had mild anxiety, 37.01% had moderate, and 7.15% had severe anxiety levels. Among the same participants, 56.49% had mild stress, 31.17% had moderate stress and 12.34% had severe stress. With respect to burnout, 3.90% had no personal burnout, 22.08% had moderate burnout and 74.02% had high burnout. Conclusion- According to the current study, primary healthcare workers frequently experience stress, worry, and burnout connected to their jobs. Screening regularly for stress, anxiety, and work-related burnout at the workplace is the need of the hour.

KEYWORDS

primary health worker, burnout, stress, anxiety

INTRODUCTION

Workplace stress can play a major role in the alteration in one's physical or mental state in response to workplaces that pose an appraised challenge or threat to that employee sometimes influenced by the toxic work environment, work ethics, negative workload, isolation, difficult relationships with administrators and/or co-workers, and sometimes attributed to total hours worked.¹

Work stress influences the development of subjective stress and anxiety among Health workers. Stress when inherent in health can negatively impact healthcare professionals, leading to increased depression, decreased job satisfaction, and psychological distress and anxiety.²

Generalized Anxiety Disorder (GAD) is characterized by persistent and excessive worry about a number of different things. People with GAD may anticipate disaster and may be overly concerned about money, health, family, work, or other issues. Individuals with GAD find it difficult to control their worry.³

A certain amount of stress and anxiety is normal at work as well as at home. However, persistent, excessive, and irrational anxiety that interferes with everyday functioning is often an indication of an anxiety disorder.⁴

Burn-out is a psychological syndrome developing as a negative reaction to occupational stressors⁵ composed of a combination of emotional exhaustion, depersonalization, and low personal accomplishment.⁶ Emotional exhaustion is related to an individual's experience of stress, which is, in turn, related to a decline in emotional and physical resources. Depersonalization (or cynicism) refers to detachment from work in reaction to the overload of exhaustion and pertains to the loss of enthusiasm and passion for one's work. Personal accomplishment refers to feelings of low professional efficacy and lack of productivity at work. The consequences of burnout are not restricted to the workers' health but also affect the quality of care

provided and the organizational well-being.

The overall psychological distress has been linked to burnout, which could be work-related professional hazards acquired when providing healthcare for patients. Psychological distress is a state of emotional suffering resulting from being exposed to a stressful situation that poses a threat to one's physical and mental health.⁷

Burn-out is a psychological term for a negative response to chronic workplace stress. It is said to occur when people give an excessive amount of their time, energy, and effort to their job over an extended period of time without enough time to recover physically or emotionally.⁸

The present study was undertaken to assess the occurrence of psychological distress, anxiety, and burnout among primary Healthcare workers.

MATERIALS AND METHODS

The present study is a community-based cross-sectional study that was conducted over the period of 6 months from September 2022 to February 2023 at various Primary Health centres of Mundra taluka, Gujarat.

There was total 7 PHCs in Mundra taluka, Kutch, Gujarat. By using the Universal sampling method, we interviewed all Multi-Purpose Health Workers (MPHWs), Female Health Workers (FHWs), Accredited Social Health Activists (ASHAs), Trained dais, Lab technicians, Pharmacists, and ward boys who were working there. So, according to the sampling techniques of the present study, we included all 154 primary health workers within the study duration. All Primary Health workers working for at least six months were included in the study. Those participants who are already diagnosed with any mental health abnormalities and who do not give consent were excluded from the study. All data were collected by interview technique using a pretested semi-structured questionnaire. Stress was assessed by Cohen's

Perceived Stress Scale which is a Likert scale, the widely used psychological instrument for measuring the perception of stress. It measures the degree to which situations in one's life are appraised as stressful. Cut off were Low stress (0-13), Moderate stress (14-26), and High stress (27-40)⁹, Burnout assessed using Copenhagen's Burnout Inventory which consists of three scales measuring personal burnout, work-related burnout and patient-related burnout, for use in different domains. Copenhagen Burnout inventory with cut-offs used was No Burnout (less than 50), Moderate Burnout (50-74) High Burnout (75-99)¹⁰.

All data were entered and analyzed in Windows Microsoft office excel sheet.

Descriptive statistics are applied wherever needed, and a Graphical representation of observation is done using Microsoft office excel.

Ethical clearance was obtained from the Institutional Ethical Committee (IEC) before the start of the study. Written Informed consent was taken from the study participants by informing them about the study. Modified BG Prasad Classification 2019 was used to assess the socio-economic classification of study participants.¹¹

RESULTS AND DISCUSSION

Table 1: Distribution Of Study Participants According To Sociodemographic And Work Related Details

Sociodemographic and work-related details		Frequency (n=154)	Percentage (%)
Age in years	20-30	34	22.08 %
	31-40	95	61.69 %
	41-50	17	11.04 %
	51-60	8	05.19 %
Gender	Male	58	37.66 %
	Female	96	62.34 %
Educational status	Primary	77	50.00 %
	High school	41	26.62 %
	Graduation	36	23.38 %
Marital Status	Married	121	78.57 %
	Unmarried	31	20.13 %
	Separated/ Divorced	2	01.30 %
Type of family	Nuclear	91	59.09 %
	Joint family	63	40.91 %
Modified BG Prasad Classification 2022 (Socioeconomic status)	I	11	07.14 %
	II	23	14.94 %
	III	67	43.51 %
	IV	41	26.62 %
	V	12	07.79 %
Perceived work load	Low	04	02.60 %
	Medium	63	40.91 %
	High	87	56.49 %
Working Hours	<8	131	85.06 %
	>8	23	14.94 %
Job insecurity	Yes	51	33.12 %
	No	103	66.88 %

The present study was a cross-sectional study carried out for a period of 6 months which covered around 7 primary Health centres. A total of 154 study participants were included in the study, including 96 females and 58 males. 26.62% of the study participants had completed high school while 77 (50%) participants underwent primary school education and 23.38% had completed their graduation. 61.69% of the study participants belonged to the age group 31-40 years, 22.08% belonged to 20-30 years while there were only 8 (5.19%) participants in 51-60 years. A majority (43.51%) of them belonged to Modified B.G. Prasad classification 2022 class III, followed by IV and II (26.62% and 14.94% respectively). Out of 154 study participants, 87 (56.49%) perceived a high workload, 63 (40.91%) participants perceived a moderate workload, and 2.60% low workload. 14.94% of the participants said that they had working hours of more than 8 hours while 85.06% had less than 8 hours. 66.88% of participants Had no job security while only 33.12% said that they had job security. {Table 1}

In a study done by Geetha R Menon et al¹² they reported that A total of 967 healthcare personnel participated in the study among them About 62 percent of the respondents were below 34 years, 54.4% were females and 61.2% were married. Sixty-eight percent had graduate-

level education and above and 70% were residing with their family members. About 80% of the respondents resided in urban areas. About one-fifth were nurses, while 17 percent were doctors and 16.8 percent were ambulance drivers. About 62 percent were temporary employees, 69.2 percent reported working up to 8 hours a day and 3 percent worked for more than 12 hours a day.

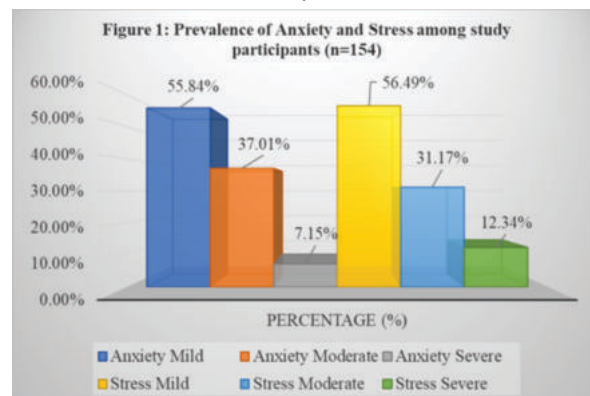


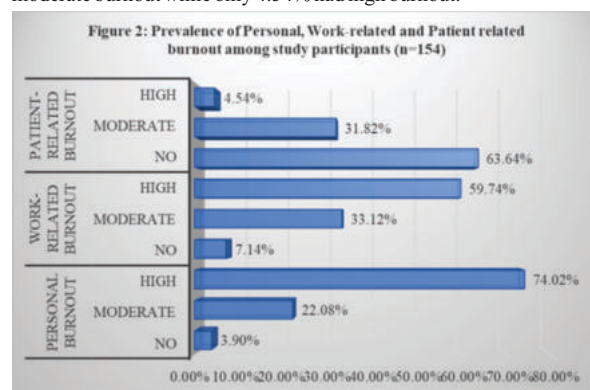
Table 2: Distribution Of Study Participants According To Prevalence Of Anxiety, Stress And Burnout

Mental health status	Severity	Frequency (n=154)	Percentage (%)
Anxiety	Mild	86	55.84 %
	Moderate	57	37.01 %
	Severe	11	07.15 %
Stress	Mild	87	56.49 %
	Moderate	48	31.17 %
	Severe	19	12.34 %
Personal Burnout	No	6	03.90 %
	Moderate	34	22.08 %
	High	114	74.02 %
Work-related burnout	No	11	07.14 %
	Moderate	51	33.12 %
	High	92	59.74 %
Patient-related burnout	No	98	63.64 %
	Moderate	49	31.82 %
	High	7	04.54 %

Table 2 shows the distribution of study participants according to the prevalence of anxiety, stress, and burnout.

Out of 154 study participants, 86 (55.84%) had mild anxiety, 57 (37.01%) had moderate, and 11 (7.15%) had severe anxiety levels. Among the same participants, 87 (56.49%) had mild stress, 48 (31.17%) had moderate stress and 19 (12.34%) had severe stress. With respect to burnout, 6 (3.90%) had no personal burnout, 34 (22.08%) had moderate burnout and 114 (74.02%) had high burnout.

59.74% of the participants had high work-related burnout, 33.12% had moderate and 7.14% had no work-related burnout. 63.64% of participants said they had no patient-related burnout. 31.82% had moderate burnout while only 4.54% had high burnout.



In study done by Praveenya Pulagam et al¹³ they found that Totally, 150 women participants were part of the study. 93 (62%) had completed high school, 148 (98.7%) were married, 113 (75.5%) belonged to Nuclear family, and 76 (50.7%) belonged to the age group of 31-40

years. 51 (34%) belonged to the Modified BG Prasad classification 2019. Out of 150 study participants, 14 (9.4%) had medical illness, 142 (94.7%) had received training before an appointment to job, 88 (58.7%) had no job insecurity, 130 (86.7%) perceived that received payment for the work was low, 91 (60.7%) had to spend more than 2 hours for walking for the official work, 108 (72%) had work experience less than 10 years and 53 (35.3%) had working hours more than 8 hours.

In the same study by Praveenya Pulagam et al.¹³ they reported that Out of 150 study participants, 65 (43.3%) had mild to moderate, 11 (7.3%) had moderate to severe and 4 (2.7%) had severe anxiety levels according to Zung Anxiety scale. Among some participants, 48 (32%) had low stress, 81 (54%) had moderate stress and 21 (14%) had high stress according to Cohen's perceived stress scale. With respect to burnout, 12 (8%) had high personal burnout, 13 (8.7%) had high Work-related burnout, and 10 (6.7%) had high patient-related burnout.

A study done by Spoorthy Sagar et al.¹⁴ in Bangalore among public health care workers which included Lady Health Visitor, Auxiliary Nurse Midwives, Health Assistants, ASHA workers, and AWWs showed 37.1% (52) had mild stress, 52.1% (73) were moderately stressed, 10.7% (15) were severely stressed.

Ashwathy et al.¹⁵ among Anganwadi workers at Kasargod, Kerala showed 83.3% had moderate levels and 16.7% had severe levels of stress.

In the study done by Yadav & Sahu et al.¹⁶ they found that out of 79 study Participants, more than half of the participants have moderate to severe levels of stress. Less the half of the participants moderate to high risk of burnout. Whereas more than half had extremely high-risk compassion fatigue.

CONCLUSION

All these studies have shown that Emotional labour and burnout related to work have widely confederated with jobs that demand high public interaction and also have shown that Community health workers who are associated with people and need interaction with people have higher chances of stress and work-related burnout.

According to the current study, primary healthcare workers frequently experience stress, worry, and burnout connected to their jobs.

It was discovered that socioeconomic position, perceived workload, length of employment, and job instability were significant determinants affecting mental health.

The current imperative is to frequently screen employees for stress, anxiety, and burnout connected to their jobs.

Any aberrations in mental health can be detected early and efficiently treated with the help of occupational mental health examination and periodic assessment.

Strength Of The Study

- (1) The validity of the questionnaire.
- (2) The utilization of the interviewing method for data collection.

Limitations Of Study

- (1). This study was based on a small sample of community health workers, which may limit the generalizability of the research findings.
- (2). Being a cross-sectional survey, it may limit our ability to identify causal relationships between work stress, anxiety and workload.
- (3). We did not measure previous mental health history; this was a conscious decision made to respect HCW privacy.

Recommendation

As all Primary health workers working in Community Yoga Activities at the health and wellness centre will manage stress and anxiety among them. As they are working in a community setup, so need to fix their working hours.

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